**Return to Work Meeting**

**Part 1 to be completed by the EMPLOYEE**

All information is to be kept strictly confidential.

Return to Work Interviews should be held **on the day** the employee returns from sick leave following each occurrence of sickness absence.

The absence and detail must be entered into Employee Self Service either prior or following the meeting.

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| --- | --- | --- | --- | --- |
| **Date of discussion** |  | | | |
| **Employee Name** |  | | | |
| **Faculty or Service** |  | | | |
| **Job Title** |  | | | |
| **Date of absence** | First date of absence: | | Last date of absence: | |
| **Number of work days absent**  **(on this occasion)** |  | | | |
| **Please provide brief details of the reason for your absence(s):** | | | | |
| **Provide detail of any medical treatment undergone and/or required:** | | | | |
| **Medical Certificate provided and attached** (required if absence extends past 7 calendar days, or as reasonably requested by your manager/supervisor) | Yes | No | | N/A |
| * I certify I was unfit for work for the period and reasons given above. * I declare that I now believe I am able to safely return to my duties. * I also declare that the above information is complete and truthful, and understand further enquiries may be made.   **Please note,** any dishonest or incomplete declaration will be treated as an attempt to defraud the University and will be treated as gross misconduct. | | | | |
| **Your signature** |  | | **Date:** | |

**Return to Work Meeting**

**Part 2 to be completed by the LINE MANAGER/SUPERVISOR**

**with the employee**

The following questions are not exhaustive and are to be treated as a guide.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of line manager/supervisor** |  | | | | | |
| **Absence entered into Employee Self Service/ People Manager?** | Yes | | | N/A | | |
| **Medical clearance certificate required?** | Yes | | N/A | | |
| **Medical certificate provided?** | Yes | | N/A | | |
| **Is the absence related to an incident at work? If yes, please provide detail:**  Was the incident reported? If so, when? If not, why not? | | | | | | |
| **Are there any areas in which the University can support the employee, as recommended by their medical practitioner?** |  | | | | | |
| **Occupational Health referral suggested:** | Yes | | No | | | |
| **Health & safety risk assessment required?** | Yes | | N/A | | | |
| **What is the likelihood of this illness recurring?** | | | | | | |
| **What measures are being taken to manage the illness** (e.g. treatment, medication)  If you are receiving treatment or on medication, please describe if/how this may affect your performance at work. | | | | | | |
| **Are there any other issues/comments for our attention:**  **Summary of agreed actions:** | | | | | | |
| **Remind the employee of the availability of the Employee Assistance Program, Validium,** Ph: 0800 358 4858 | | | | | | |
| **History of Absence** | | | | | | |
| **Number of work days absent in the last 12 months (check People Manager). Has employee reached a trigger point?** |  | | | | | |
| **If absence level a cause for concern please discuss and note response:** | | | | | | |
| **Follow up date, if appropriate:** |  | | | | | |
| My signature below confirms that the information provided is true and accurate. | | | | | | |
| **Employee signature:** |  | Date: | | |  |
| **Manager/supervisor signature:** |  | Date: | | |  |